Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of a Restrictive Practice Thematic Inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Caherass Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Caherass, Croom, Limerick
Type of inspection:	Unannounced
Date of inspection:	19 March 2025
Centre ID:	OSV-0000411
Fieldwork ID:	MON-0046685

What is a thematic inspection?

The purpose of a thematic inspection is to drive quality improvement. Service providers are expected to use any learning from thematic inspection reports to drive continuous quality improvement which will ultimately be of benefit to the people living in designated centres.

Thematic inspections assess compliance against the National Standards **for Residential Care Settings for Older People in Ireland**. See Appendix 1 for a list of the relevant standards for this thematic programme.

There may be occasions during the course of a thematic inspection where inspectors form the view that the service is not in compliance with the regulations pertaining to restrictive practices. In such circumstances, the thematic inspection against the National Standards will cease and the inspector will proceed to a risk-based inspection against the appropriate regulations.

What is 'restrictive practice'?

Restrictive practices are defined in the *Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013* as **'the intentional restriction of a person's voluntary movement or behaviour'**.

Restrictive practices may be physical or environmental[1] in nature. They may also look to limit a person's choices or preferences (for example, access to cigarettes or certain foods), sometimes referred to as 'rights restraints'. A person can also experience restrictions through inaction. This means that the care and support a person requires to partake in normal daily activities are not being met within a reasonable timeframe. This thematic inspection is focussed on how service providers govern and manage the use of restrictive practices to ensure that people's rights are upheld, in so far as possible.

Physical restraint commonly involves any manual or physical method of restricting a person's movement. For example, physically holding the person back or holding them by the arm to prevent movement. **Environmental** restraint is the restriction of a person's access to their surroundings. This can include restricted access to external areas by means of a locked door or door that requires a code. It can also include limiting a person's access to certain activities or preventing them from exercising certain rights such as religious or civil liberties.

[1] Chemical restraint does not form part of this thematic inspection programme.

About this report

This report outlines the findings on the day of inspection. There are three main sections:

- What the inspector observed and residents said on the day of inspection
- Oversight and quality improvement arrangements
- Overall judgment

In forming their overall judgment, inspectors will gather evidence by observing care practices, talking to residents, interviewing staff and management, and reviewing documentation. In doing so, they will take account of the relevant National Standards as laid out in the Appendix to this report.

This unannounced inspection was carried out during the following times:

Date	Times of Inspection	Inspector of Social Services
Wednesday 19 March 2025	09:45hrs to 17:15hrs	Leanne Crowe

What the inspector observed and residents said on the day of inspection

This was an unannounced inspection, focused on the use of restrictive practices in Caherass Nursing Home. The findings of this inspection were that management and staff had a commitment to providing person-centred care to residents and promoting residents' rights. It was evident that the provider was working towards a restraint-free environment, where residents were supported and encouraged to live an independent life, in an environment that met their individual and collective needs.

The inspector arrived to the centre and was met by the person in charge. The front door was secured by an electronic key-coded lock, and a door bell was used to alert staff to visitors. Residents who wished to be provided with the code for this door received it, following the completion of a risk assessment. Following an introductory meeting, the inspector walked through the centre and met with residents in their bedrooms and communal areas. The atmosphere was calm and relaxed throughout the centre. Where residents were unable to verbally express their views, for example, those with a cognitive impairment, the inspector observed how they were supported and cared for by staff throughout the day.

Overall, the design and layout of Caherass Nursing Home promoted residents' independence and their free movement around the centre. The nursing home is purpose-built and can accommodate up to 50 residents in 48 single bedrooms and 1 twin bedroom. All bedrooms had en-suite facilities. The nursing home was set out over two floors, with bedroom accommodation and communal areas located on both floors. For the most part, residents were seen to have unrestricted access to the communal areas on their floors, such as dining rooms and day rooms. While residents could freely access the garden from the ground floor, a balcony area on the first floor was locked with a key that was held by staff. The person in charge advised that this area was supervised by staff when residents were spending time there.

The residents living in the centre had access to a range of assistive equipment to promote their mobility. Residents were observed mobilising either independently or with mobility aids, such as rollators, while others were supported with the help of staff members. One resident was supported to maintain their mobility through the use of specialised exercising equipment. Appropriate handrails and grab rails were available in the bathrooms and along the corridors to maintain residents' safety as they mobilised.

A passenger lift facilitated transport between the floors. While this was freely accessible from the ground floor, a key-coded lock was in place on the first floor. Residents were observed travelling between floors to attend activities or meet with visitors, often with the assistance of staff.

Residents' bedrooms were comfortable and it was evident that residents were encouraged to personalise their rooms, in line with their own preferences. For example, many residents had decorated their rooms with ornaments, pictures, plants and soft furnishings. Larger furniture and equipment, such as armchairs and an

exercise bike, were also observed in some residents' bedrooms. At the request of a resident, their room had been decorated to mirror their own bedroom at home, in order to help them familiarise themselves with the environment. A resident told the inspector that they had recently selected the new curtains in their bedroom. The person in charge advised that many residents were in the process of choosing new curtains, as part of a maintenance project in the centre.

The majority of residents who spoke with the inspector were satisfied with the layout of the rooms and the storage it contained. While the inspector observed that the majority of residents had sufficient space for their belongings, some rooms could not safely accommodate large equipment, such as specialist chairs. Consequently, this equipment had to be placed outside the resident's bedroom or in a dedicated storage area.

Communal rooms were bright and spacious, with comfortable furnishings and domestic features. This provided a homely environment for residents. Many residents were observed engaging in activities or socialising in these areas throughout the day of the inspection. For example, a talent show took place in the ground floor day room, which was well-attended and appeared to be thoroughly enjoyed by residents. Some residents preferred to relax in the comfort of their bedrooms and this was observed to be supported by staff.

On the day of the inspection, visitors were seen coming and going freely to the centre. Residents told the inspector that visitors were always welcome in the centre. Residents had access to television, radio and newspapers, which residents were observed using throughout the day of the inspection.

Residents were seen to be happy and content as they went about their daily lives. It was evident that residents' choices and preferences in their routines were respected. For example, following mealtimes, staff were observed asking residents if they would like to move to a communal area or retire to their bedroom.

Staff worked to ensure that residents' privacy and dignity were respected, and that residents' independence was promoted. Staff knocked on residents' bedrooms door and waited for a response before entering the rooms. For residents with impaired vision, staff were observed telling residents their name prior to entering their room. Staff ensured that bedroom and bathroom doors were closed before assisting residents with their care needs. Throughout the inspection, staff were observed providing timely and discreet assistance, enabling residents to maintain their independence and dignity. It was evident that staff knew residents' needs well and responded to them in a person-centred way, ensuring that each resident's individual needs were met as they wished.

Residents were supported to pursue interests that involved an element of positive risk-taking. For example, residents that wished to self-administer their own medications were supported to do so.

Residents were involved in the running of the centre. Residents' meetings were held on a quarterly basis, which were chaired by a member of staff. Any issues or areas of

improvement discussed in these meetings were referred to the nursing management team, and action plans were consequently developed. Surveys were issued to residents on an annual basis, which informed quality improvement plans for the year ahead. Many of the residents who spoke with the inspector were aware that they could provide feedback in relation to the service at any time, and said that they would feel comfortable to do so.

Residents had unrestricted access to information and services available to support them, such as independent advocacy services. Information on the centre's complaints process was also displayed in the centre. Additionally, the person in charge had developed leaflets, written in plain English, to support residents to learn key information about promoting their own health, such as infection prevention and control measures or how to reduce their risk of experiencing a fall.

The following section of this report details the findings in relation to the overall delivery of the service, and how the provider is assured that an effective and safe service is provided to the residents living in the centre.

Oversight and the Quality Improvement arrangements

The inspector found that there was effective governance and leadership in the centre that supported a commitment to quality improvement with respect to restrictive practices, person-centred care and promoting residents' rights.

The person in charge had completed the self-assessment questionnaire prior to the inspection and had assessed the standards relevant to restrictive practices as being compliant or substantially compliant in all areas. A quality improvement plan had been developed in relation to staff training. The actions in the quality improvement plan had been completed, which had positively impacted staff knowledge and practice.

Management and staff were focused on creating a restraint-free environment, while maintaining resident safety. On the day of the inspection, restrictive practices in use included keypad locks at the entrance to the centre, shower rooms, and on the lift. In addition, low low beds, sensor mats, specialised seating and sensor alarms had the potential to restrict residents' movements in the centre. The person in charge advised that bed rails were not currently in use in relation to any resident. Staff facilitated access to cigarettes and lighting materials, where appropriate.

A record of the restrictive practices in use in the centre was maintained by the person in charge, and updated every month. Assessments relating to these restrictive practices informed dedicated care plans which guided staff in the use of the restrictive practices. Records confirmed that the least restrictive options were considered first, and it was evident that restrictive practices were reviewed on a monthly basis to ensure that they were appropriate and in place to support the safety of residents. There was evidence that, where appropriate restrictive practices were adapted or removed following these reviews.

Behavioural support plans were in place to guide staff to implement appropriate actions and support the delivery of safe, person-centred care.

The provider ensured that arrangements were in place to monitor and evaluate the quality of the service. A restrictive practice committee met on a quarterly basis to review restrictive practices and identify any areas of improvement or less restrictive alternatives to existing practices. Restrictive practice was a standing agenda item at the centre's management meetings and quality and risk meetings, both of which were held on a monthly basis. Audits of restrictive practices had also been completed by the person in charge. The registered provider had a policy in place for the use of restraint and restrictive practices, that underpinned the arrangements in place to identify, monitor, and manage the use of restrictive practices in the centre. The policy was centre-specific and had been updated in September 2023.

Key information in relation to restrictive practices was communicated by the person in charge during staff meetings. Residents' will and preference was a standing agenda

item in these staff meetings, whereby the person in charge reinforced the importance of respecting residents' choices about their care or day-to-day routines.

There were sufficient resources in place to support residents' freedom of movement throughout the centre. There was adequate staff, with the appropriate skill-mix, to meet the needs of the residents.

Staff training records demonstrated that staff were facilitated to complete training in the use of restrictive practices, as well as human rights, advocacy arrangements and positive behavioural support for residents. Staff demonstrated a good understanding of restrictive practice and managing risk to protect residents from harm. Staff had attended safeguarding training and staff were able to describe how they would be able to support residents, should they have a concern.

Overall Judgment

The following section describes the overall judgment made by the inspector in respect of how the service performed when assessed against the National Standards.

Compliant	Residents enjoyed a good quality of life where the culture, ethos and delivery of care were focused on reducing or eliminating the use of restrictive practices.

Appendix 1

The National Standards

This inspection is based on the *National Standards for Residential Care Settings for Older People in Ireland (2016).* Only those National Standards which are relevant to restrictive practices are included under the respective theme. Under each theme there will be a description of what a good service looks like and what this means for the resident.

The standards are comprised of two dimensions: Capacity and capability; and Quality and safety.

There are four themes under each of the two dimensions. The **Capacity and Capability** dimension includes the following four themes:

- **Leadership, Governance and Management** — the arrangements put in place by a residential service for accountability, decision-making, risk management as well as meeting its strategic, statutory and financial obligations.
- **Use of Resources** — using resources effectively and efficiently to deliver best achievable outcomes for people for the money and resources used.
- **Responsive Workforce** — planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs and preferences of people in residential services.
- **Use of Information** — actively using information as a resource for planning, delivering, monitoring, managing and improving care.

The **Quality and Safety** dimension includes the following four themes:

- **Person-centred Care and Support** — how residential services place people at the centre of what they do.
- **Effective Services** — how residential services deliver best outcomes and a good quality of life for people, using best available evidence and information.
- **Safe Services** — how residential services protect people and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.
- **Health and Wellbeing** — how residential services identify and promote optimum health and wellbeing for people.

List of National Standards used for this thematic inspection:

Capacity and capability

Theme: Leadership, Governance and Management	
5.1	The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each resident and promote their welfare.
5.2	The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.
5.3	The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.
5.4	The quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis.

Theme: Use of Resources	
6.1	The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

Theme: Responsive Workforce	
7.2	Staff have the required competencies to manage and deliver person-centred, effective and safe services to all residents.
7.3	Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of all residents.
7.4	Training is provided to staff to improve outcomes for all residents.

Theme: Use of Information	
8.1	Information is used to plan and deliver person-centred, safe and effective residential services and supports.

Quality and safety

Theme: Person-centred Care and Support	
1.1	The rights and diversity of each resident are respected and safeguarded.
1.2	The privacy and dignity of each resident are respected.
1.3	Each resident has a right to exercise choice and to have their needs and preferences taken into account in the planning, design and delivery of services.
1.4	Each resident develops and maintains personal relationships and links with the community in accordance with their wishes.
1.5	Each resident has access to information, provided in a format appropriate to their communication needs and preferences.

1.6	Each resident, where appropriate, is facilitated to make informed decisions, has access to an advocate and their consent is obtained in accordance with legislation and current evidence-based guidelines.
1.7	Each resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

Theme: Effective Services	
2.1	Each resident has a care plan, based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the supports required to maximise their quality of life in accordance with their wishes.
2.6	The residential service is homely and accessible and provides adequate physical space to meet each resident's assessed needs.

Theme: Safe Services	
3.1	Each resident is safeguarded from abuse and neglect and their safety and welfare is promoted.
3.2	The residential service has effective arrangements in place to manage risk and protect residents from the risk of harm.
3.5	Arrangements to protect residents from harm promote bodily integrity, personal liberty and a restraint-free environment in accordance with national policy.

Theme: Health and Wellbeing	
4.3	Each resident experiences care that supports their physical, behavioural and psychological wellbeing.